

MENDOCINO COUNTY DEPARTMENT OF SOCIAL SERVICES SYSTEM IMPROVEMENT PLAN

SEPTEMBER 28, 2004



The Child Welfare System Improvement and Accountability Act (AB 636) of 2001 provides a framework for measuring and monitoring each county's child welfare services performance in ensuring the safety, permanence and well-being of children. The system established by AB 636 builds upon standards established by the federal government and adds outcome and accountability measures developed by California.

One component of the California Child and Family Services Review (C-CSFR) is the County System Improvement Plan (SIP). The County SIP outlines how the County will improve its system of care for children and youth and provides a method for reporting on progress toward meeting improvement goals using the C-CSFR outcomes and indicators.

The Mendocino County SIP is based on the required Self Assessment Plan (also a component of C-CSFR) submitted to the California Department of Social Services (CDSS) on June 30, 2004. The Self Assessment looked at current Child Welfare Services systems and performance for outcome indicators designated by CDSS. Based on the Self Assessment, four outcome indicators were identified as those outcomes which Mendocino County would address in the current SIP: Recurrence of maltreatment, rate of recurrence of abuse and neglect in homes where children were not removed, timely social worker visits with children in foster care, and foster care placement in least restrictive settings. The SIP provides goals and strategies for improving outcomes in these areas.

Narrative

Local Planning Bodies and SIP Team

In Mendocino County, the primary planning body that was used in development of the Self Assessment and System Improvement Plan (SIP) was the Policy Council on Children and Youth (PCCY). PCCY has been in existence as a community and agency partnership for children since 1992. Key public and private agencies providing services to children are represented on this group, as well as community members and parents. PCCY serves as the Mendocino County Child Abuse Prevention Coordinating Council and is the advisory body for planning and allocating funds for a variety of child abuse prevention funds. PCCY serves as the Children's Services Coordinating Council, publishes a Status Report on Children and Youth and has developed an interagency plan for children's services. Several other councils and cabinets are linked to PCCY by having representatives seated on PCCY. These include the Children's System of Care (CSOC), First 5 Commission, the Alliance for Rural Community Health (ARCH), the Workforce Investment Board (WIB) Youth Council and the Child Care Planning Council:

- The **FIRST 5 Commission** is a partnership of representatives from County agencies and the community. The Commission has developed a multi-year plan with priorities for Parent Education and Access to Health Care and has funded programs throughout Mendocino County with tobacco tax funds. Regional grants have ensured that services are provided in all geographic areas. FIRST 5 has provided funding to most of the Family Resource Centers. FIRST 5 also brings together all the grantees in each area to share information about their projects and to coordinate services.
- **CSOC** is an established collaboration that is directed toward preventing high-level residential placements for youth with mental health issues or reducing the levels of placement, and bringing youth back into the county. It serves children and youth countywide and involves MCDSS, Mental Health, Public Health, Probation, and the County Office of Education.
- All of the Community Health Clinics countywide work together to serve the people of Mendocino County. The six organizations have clinic sites in Ukiah, Willits, Long Valley, Potter Valley, Anderson Valley, Fort Bragg, Gualala and Point Arena. All six are founders and members of the **ARCH** a non-profit providing clinics with advocacy, training, technical and other support services.
- The **WIB Youth Council** has oversight responsibility for Workforce Investment Act (WIA) youth employment funding. It also coordinates a Youth Summit every other year and provides mini grants for youth-driven projects, with funding from Social Services. The Policy Council on Children and Youth and the Youth Council have linked together to channel youth development planning and coordination through the Youth Council

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- The **Child Care Planning Council** is focused on improving the availability, accessibility, and quality of childcare throughout Mendocino County. Community members, parents, and allied agencies are represented on this group.

In addition to the regular membership of PCCY, additional community members were invited to join PCCY during the planning process. This included the regional office of State Adoptions, the Community Development Commission, the Redwood Coast Regional Center, CASA (Court Appointed Special Advocates) and representatives from family resource centers. Also, the membership of the Indian Child Welfare Act (ICWA) Roundtable were asked to participate in the Self Assessment process. The ICWA Roundtable brings together all the Native American tribes in Mendocino County, California Indian Legal Services and CPS to review services to Native American children and their families.

SIP Team

Mendocino County's SIP team included members from the PCCY, to provide input from the community, as well as representatives from the Child Welfare Services division at staff, supervisory and management levels.

PCCY Representatives:

Member Names and Organizations	Interagency Children's Coordinating Council Membership
Captain Kevin Broin Mendocino County Sheriff's Department	Law enforcement
Damon Dickinson, Director Mendocino County Office of Education, Special Education Local Planning Area (SELPA)	Local planning agency in early intervention program
Mary Elliott, Deputy Director Children's Services Mendocino County Department of Social Services	Family and children's services representative
Alison Glassey, Director Mendocino County Department of Social Services	Welfare or public social services
Denise Gorny North Coast Opportunities & Child Care Planning Council	Local child care resource and referral agency

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Dennis Ivey Mendocino County Office of Education	Representative for Superintendent of county office of education
John Knapp, Director Alliance for Rural Community Health (ARCH)	Representative of community health clinics
Lois Lockart, Tribal Administrator Redwood Valley Rancheria	Community organization tied to ethnic communities – Native American
Steve Lund, Superintendent Fort Bragg Unified School District	Superintendent of a unified school district
Bob McAlister, Chief Probation Officer Mendocino County Probation Department	Probation
Judge Cindee Mayfield Mendocino County Superior Court	Judge of the county Juvenile Court
Tami Mee Mendocino County Office of Education	WIB Youth Council representative
Anne Molgaard, Executive Director FIRST Five Mendocino	Community at-large member
Carol Mordhorst, Director Mendocino County Public Health Department	Public health services
Mary Nevarez, ICWA Representative Redwood Valley Rancheria	Representative of an Indian Child Welfare Act agency
Anne Oliver	Representative for Juvenile Justice and Delinquency Prevention Commission
Beth Robey Mendocino County Department of Mental Health Services	Person responsible for management of children's mental health services
Camille Schraeder, Director Redwood Children's Services	Representative of the local child abuse council
Moises Soria Nuestra Casa Family Resource Center	Representative of a private non- profit corporation serving children & youth

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Supervisor Hal Wagenet
Board of Supervisors

Member of County Board of
Supervisors

Ned Walsh, Manager
Alcohol and Other Drug Programs

Alcohol and other drug programs

Karin Wandrei, Executive Director
Mendocino County Youth Project

Private non-profit corporation

Jennie Vinyard, Parent Partner
Children's System of Care

Community-at-large

Children's Services Representatives

- AJ Barrett, Senior Program Manager
- Jerry Nicoletti, Senior Program Manager
- Pat Atkinson, Senior Program Manager
- Deborah Moody, Senior Program Manager
- Centralized/Specialized Placement Unit
 - Steve Scully, Supervisor
 - Cynthia Mattson, Social Worker
 - Nancy Kozak, Social Worker
 - Menissa Judd, Social Worker
 - Bryan Lowery, Social Worker
 - Jill Baker, Social Worker Assistant
 - Vicki Miner, Social Worker Assistant
- Emergency Response (ER)/Intake Unit
 - Rebecca Wilson, Supervisor
 - Alwyn Falkenberg, Social Worker
 - Judith Rose, Social Worker
 - Cynthia Hernandez, Social Worker
 - Shirley Fulks, Social Worker
 - Cynthia Silva, Social Worker
 - Susan Garcia, Social Worker
 - John Melnicoe, Social Worker
 - Alice Langton-Sloan, Social Worker
 - Gloria McCosker, Social Worker
 - Gary Relin, Social Worker
- Licensing Unit
 - Jim Mockel, Program Administrator
 - Judy Fanfelle, Senior Program Specialist
 - Billie Timson, Senior Program Specialist
 - Jennie Angell, Program Specialist
 - Dora Briely, Program Specialist
 - Joan Wolfe, Office Assistant

Data Collection

Data collection that was performed for the Self Assessment included a survey of parents receiving services through the MCDSS-funded family resource center in Ukiah and discussions with representatives of tribes from the Native American community and representatives from the Latino family resource center in Ukiah (Nuestra Casa).

The parent survey included 25 parents, four who were receiving voluntary services and 21 parents who had their children detained. The survey focused on the parents' perceptions of the services they were receiving, including whether or not they felt respected and included in the case planning process as well as whether or not they felt services being provided were being helpful and what other services they might have found useful in their case. Results of the survey were tabulated and used in the preparation of the Self Assessment. The results of the surveys will also be used in executing strategies in the SIP involving developing, improving or expanding services to parents (e.g. expanding the Linkages/Family Connections program to Ukiah and Fort Bragg).

Representatives of Native American tribes and parent representatives from the Latino family resource center in Ukiah (Nuestra Casa) were invited to participate in discussions regarding services to the Native American and Latino communities. These discussions focused on how well community members felt services provided were matched to the strengths and needs of families, the accessibility of services and how well services supported permanency for children, whether returning them to their family of origin or establishing some other permanent placement. Results of the discussions were used in the preparation of the Self Assessment. The results of the discussions were used in preparing the SIP strategies, particularly the strategy for foster care in least restrictive settings.

Summary Assessment

Discussion of Strengths and Areas Needing Improvement

During the self assessment process, a number of strengths were identified.

- Mendocino County is relatively small. For this reason, there are a number of things that Mendocino County can do that a larger county might have more difficulty doing, including having a monthly meeting with the Juvenile Court Judge (there is only one in Mendocino County) to discuss what is or is not working procedurally in cases before the Court and utilizing a single staff unit dedicated to emergency response and intake for referrals for abuse and neglect for the entire county, allowing for standardized procedures and improved staff knowledge levels of regulations, protocols and procedures.
- Collaboratives: Over time, Mendocino County has been able to develop successful collaboratives between county agencies and community organizations in order to better serve children and families that are involved with multiple agencies and organizations.

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- **Family Empowerment Program (FEP):** The FEP is offered throughout Mendocino County designed to preserve families by supporting parents in learning and changing behaviors that have led to or could lead to the abuse or neglect of their children. This program has proven to be a useful resource for families who are involved with Child Welfare Services or are at risk of becoming involved with Child Welfare Services.
- **Family Resource Centers:** The family resource centers seek to strengthen and empower families and support positive parenting by creating an environment of acceptance, trust, support and respect that encourages families to discover their strengths, learn new skills and take charge of their lives. Each center develops unique service offerings based on the needs of their community.
- **ICWA Roundtable:** The ICWA Roundtable provides a monthly forum for dialogue between many of the tribes in Mendocino County and MCDSS.
- **Parent Partners:** For those families involved in the Children's System of Care (CSOC), Parent Partners have proven to be an extremely valuable asset in developing services and assisting and advocating for families. They serve as an integral part of the CSOC.
- **Written Policies and Procedures:** MCDSS has written and implemented policies and procedures in a number of areas to ensure that there is consistency in action and an understanding of what should occur and who is responsible. This includes, but is not limited to, policies and procedures for input from caregivers for Court, standardized risk assessments for evaluating the need to detain a child, complaints against foster parents, confidentiality, the release of information to out of home care providers and concurrent planning.
- **The Interagency Case Management Team (IACMT):** The County has an IACMT and a Special Needs staff unit that reviews the needs of special needs children in placement. The IACMT ensures that respite is provided to foster families and monitors the mental health needs of the children in care through the use of a Mental Health Plan (MHP).
- **Independent Living Program (ILP):** ILP staff in Mendocino County working individually with each youth in the ILP program to assist them in the transition to adulthood.
- **Relationship with State Adoptions.** MCDSS meets monthly with State Adoptions to refer and discuss individual cases.
- **Policy Council on Children and Youth (PCCY):** The PCCY is the county's interagency coordinating council. Membership consists of heads of agencies and organizations that serve children and families. PCCY serves as a forum on issues affecting children and families in Mendocino County. PCCY has often been the springboard from which collaboratives in the county have formed.

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- Emergency Shelter: MCDSS utilizes a system of foster care homes in order to provide temporary placement for children have been detained while evaluations and crisis stabilization occur.

A number of areas needing improvement were also identified during the assessment process:

- Lack of Continuing Services for Families that Have Been Reunified: Currently, there are no resources available for providing services to families after they have been reunified. *(Correction: Families are moved to Family Maintenance for six to 12 months after they have been reunified.)*
- Stability of Collaboratives: It has often been difficult to maintain stable collaboratives, however, because funding for the collaboratives comes from a number of sources, many of which have restrictive service criteria or are time-limited
- Data collection/input: Some of the data retrieved from the CWS/CMS is incorrect because of past data input errors. New procedures have been established in some areas and training has been provided to staff. However, monitoring over time will need to be done to ensure that the procedures are being followed. Also, with respect to data collection, often times in Mendocino County, the numbers of children in any particular category being evaluated when looking at an outcome are so small that analysis of the numbers has no real meaning. In order to evaluate some of the outcome measures, individual case data would have to be collected and reviewed.
- Placement Resources: In Mendocino County, there are few resources for foster care recruitment and a limited population from which to recruit foster parents, particularly in minority communities. As a result, Mendocino County lacks a sufficient number of placement resources for minority populations, particularly Native American and Hispanic; for special needs children and for large sibling cohorts.
- Housing for Transitioning Foster Care Youth: In Mendocino County, there is a shortage of low cost housing. Foster care youth have difficulty competing in the tight housing market because they have no credit; do not have sufficient financial resources for deposits for apartments when they find them and cannot apply for low income housing, which generally has a waiting list one to two years long, until they are 18 years of age. As a result, some foster care youth end up homeless or “couch surfing,” going from place to place.
- Services to Remote Areas: Mendocino County has many small, remote communities. In order to serve these communities, funding is needed for transportation and/or outstationed staff. Also, because many of the communities are so small it often is simply not feasible to implement programs to serve a specific community.
- Differential Response: Mendocino County utilizes the CAPIT, CBFRS, PSSF and Children’s Trust Fund monies to support the non-profit and school-based family resource centers in providing the FEP in communities throughout Mendocino County. However,

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these funds generally are only enough to fund the FEP and little else in most communities. Additional funds are needed to develop referral systems and support services around the FEP in all communities in Mendocino County

- Respite Services: Some respite services are available to foster care families, however, the need is greater than current resources.
- Foster Parent Training/Resources: Currently, MCDSS does not have a comprehensive system of training and resources for all caregivers. All state-mandated training is provided through the use of videotapes, pamphlets and training provided by in-house staff. Mendocino County is in the process of hiring staff that would serve as a coordinator and resource for foster parents. *(Update: Two foster care specialists have been hired by MCDSS.)*
- Need for Additional Home-Based Services: For the home-based services that do exist, there is a need for improved communication and closer collaboration between Social Workers and the staff from other agencies and organizations that provide home visiting services so that these resources are fully realized for those people who are DSS clients.
- Increased Communication with Tribes: Because some tribes do not have ICWA representatives and, therefore, do not attend the ICWA Roundtable and because tribal council members do not generally attend the ICWA Roundtable, other avenues of communicating with tribes need to be considered in order to increase the understanding of tribes about MCDSS and vice versa.
- Substance Abuse Issues: The abuse of alcohol, marijuana and other drugs greatly contributes to the number of cases child abuse and neglect in Mendocino County, and substance abuse often adversely affects the outcomes for children in those cases through increased length of stays in foster care, repeat occurrences of maltreatment or preventing reunification.
- Tracking Frequency and Quality of Social Worker Visits: There is currently no system in place to track the frequency and quality of Social Worker visits with parents.

Areas for Further Exploration through the Peer Quality Case Review

An area that may benefit from further exploration through the Peer Quality Case Review (PQCR) is the extent to which families are involved in the development of case plans. Comments from parents and tribal representatives during the self assessment process indicate that, at the very least, there is a perception that there is not much involvement of the family when the case plan is developed. Through PQCR, the issue can be investigated and evaluated.

Areas to Be Addressed in the System Improvement Plan

The following four areas will be addressed in the System Improvement Plan:

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- Recurrence of Maltreatment (Outcomes 1A and 1B)
- Rate of Recurrence of Abuse and Neglect in Homes where Children Were Not Removed (Outcome 2A)
- Timely Social Worker Visits with Child (Outcome 2C)
- Foster Care Placement in Least Restrictive Settings (Outcome 4B)

Outcome/Systemic Factor:

Recurrence of Maltreatment (Outcomes 1A and 1B): This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods.

County's Current Performance: For the most recent period reported (April 1, 2003 to March 31, 2004) the rate of recurrence for Outcome 1A for Mendocino County was 13.1%, higher than the federal standard of 6.1%. For the most recent period reported (April 1, 2002 to March 31, 2003), Mendocino County's rate of recurrence for Outcome 1B was 20.6%, compared to 13.5% for the State of California.

Improvement Goal 1.0 Improve the assessment of safety/risk in families where there has been a substantiated report of abuse/neglect.

Strategy 1.1 Establishment of a countywide protocol for use of risk and safety assessment.

Strategy Rationale¹ The protocol will improve consistency in assessed levels of safety and risk, thereby helping to ensure services and supports to families are provided appropriately.

Milestone	1.1.1 Protocol developed and emergency response (ER) and intake staff trained on protocol	Timeframe	Completed January 2004	Assigned to	Child Welfare Services (CWS) Program Manager responsible for ER and intake staff
	1.1.2 Referrals that are evaluated out are monitored by Program Managers		Begun in March 2004, ongoing		CWS Program Managers
	1.1.3 Risk assessments are monitored		Begun in March 2004, ongoing		CWS Program Managers

Strategy 1.2 Establish joint case conferencing with Alcohol and Other Drug Programs (AODP) for consistent oversight and follow-up of CWS court cases where there is substance abuse treatment.

Strategy Rationale Drugs and alcohol are a major factor in many CWS cases. Better monitoring of treatment compliance will improve assessments of safety/risk for families working toward reunification.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Milestone	1.2.1 Required case conferencing for all court cases with substance abuse treatment six weeks prior to the court report.	Timeframe	Completed June 2004, ongoing	Assigned to	Ukiah Family Resource Center (FRC) supervisor, case-carrying Social Workers
Improvement Goal 2.0 Improve support system and develop comprehensive services for families identified as high risk for recurrence of abuse/neglect					
Strategy 2.1 Expand the Linkages/Family Connections program to Ukiah and Fort Bragg.			Strategy Rationale The Linkages/Family Connections pilot project in Willits provides seamless coordination of services between multiple service providers (MCDSS, Public Health, AODP, County Office of Education and Mental Health) and community services, and coordinated case planning for those families with cases both in CalWORKs and CWS. This helps family to more readily and effectively utilize services and supports.		
Milestone	2.1.1 Expansion of Linkages/Family Connections to the Ukiah FRC	Timeframe	March 2005	Assigned to	MCDSS Director, CWS Deputy Director
	2.1.2 Expansion of Linkages/Family Connections to Safe Passage FRC in Fort Bragg		September 2005		MCDSS Director, CWS Deputy Director
Strategy 2.2 Continued support for FRCs for provision of services in remote areas			Strategy Rationale Currently, five FRCs in Mendocino County that are independent non-profits or operated by school district provide services to outlying communities and the Latino population. The continued support of these FRCs and support for establishing additional FRCs in other outlying communities and Native American communities will ensure support to families that might otherwise be isolated from services either because of geographic location or lack of services that are culturally sensitive.		

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Milestone	2.2.1 Identify other communities that have interest in establishing an FRC	Timeframe	March 2005	Assigned to	MCDSS Director, CWS Deputy Director
	2.2.2 Work with interested communities to determine strategies for use of existing community resources (e.g. parent resource center, Consolidated Tribal Health Project) that can serve as an FRC.		September 2005		MCDSS Director, CWS Deputy Director
Improvement Goal 3.0 Establish quality assurance measures for cases					
Strategy 3.1 Ensure consistent data entry into CWS/CMS			Strategy Rationale Consistency in data entry will help to improve the quality and integrity of the data in CWS/CMS		
Milestone	3.1.1 Identification of problem areas	Timeframe	Completed January 2004	Assigned to	CWS/CMS Program Administrator
	3.1.2 Train staff to correct problem areas identified		Completed March 2004		CWS/CMS Program Administrator
Strategy 3.2 Staff training on documentation of physical abuse			Strategy Rationale A consistent definition of physical abuse among staff will improve the data integrity and will improve risk/safety assessments		
Milestone	3.2.1 Countywide training of ER and intake staff regarding the statutory definition of substantiated physical abuse	Timeframe	Completed August 2004	Assigned to	CWS Program Manager responsible for ER and intake staff

Strategy 3.3 Case review of all recurrence cases			Strategy Rationale Ensure that risk and safety assessments are following established protocols and decisions and actions are consistent among staff as well as to develop additional data in evaluation of potential causes for recurrence		
Milestone	3.3.1 Identify case information to be evaluated	Timeframe	September/October 2004	Assigned to	CWS Deputy Director, Program Managers
	3.3.2 Identify outside case reader for review		Completed September 2004		CWS Deputy Director
	3.3.3 Begin case reviews		Begin October 2004, ongoing		Contracted case reviewer with oversight by CWS Deputy Director
Discuss changes in identified systemic factors needed to further support the improvement goals.					
The following systemic factors will incur changes as a result of the strategies outlined above: <ul style="list-style-type: none">• <i>Quality Assurance:</i> Quality assurance efforts will be expanded and formalized.• <i>Staff Training:</i> Staff will receive training on new or revised protocols and CWS/CMS data entry procedures.• <i>Collaboration:</i> Collaborative efforts between CWS and other public and community organizations will be enhanced, specifically with the expansion of Family Connections to Ukiah and Fort Bragg.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
Staff will receive ongoing training on risk and safety assessments, the statutory definition of substantiated physical abuse and CWS/CMS data entry.					
Identify roles of the other partners in achieving the improvement goals.					
Other partners that will play a role in achieving the improvement goals above include: <ul style="list-style-type: none">• <i>AODP</i> – providing staff time for case-conferencing for court cases where they are providing substance abuse treatment.• <i>Public Health, AODP, Mental Health, Redwood Coast Regional Center, and the Mendocino County Office of Education</i> – providing staff time for case conferencing and service coordination for expansion of Family Connections to Ukiah and Fort Bragg• <i>Safe Passage FRC</i> – serving as the host location for Family Connections in Fort Bragg in collaboration with MCDSS and Family Connections partners.• <i>FRCs</i> – existing FRCs in continuing to work with MCDSS to provide the family empowerment program to outlying and minority communities and Native American tribes and other outlying communities in identifying potential new FRCs.					

<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None</p>

Outcome/Systemic Factor:

Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (Outcome 2A): This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes receiving child welfare services.

County's Current Performance: For the most recent period reported (January 1, 2002 to December 31, 2002), Mendocino County's rate of recurrence for Outcome 2A was 17.4%, compared to 9.5% for the State of California.

Improvement Goal 1.0 Improve the assessment of safety/risk in families

Strategy 1.1 Lengthen the time selective referrals are kept open in ER to a full 30 days

Strategy Rationale² Keeping selective referrals open for a full 30 days allows for better evaluations of safety and risk, time to review the completeness of the investigation and follow-up by staff as to whether or not the family took advantage of referrals to services.

Milestone	1.1.1 Revise current ER procedure	Timeframe	September 2004	Assigned to	CWS Program Manager responsible for ER and intake
	1.1.2 Train staff on revised procedure		September/October 2004		CWS Program Manager responsible for ER and intake staff

Strategy 1.2 Expand risk/safety assessment training to all county CWS staff

Strategy Rationale The protocol will improve consistency in ongoing assessment of safety and risk, thereby helping to ensure services and supports to families are provided appropriately.

² Describe how the strategies will build on progress and improve this outcome or systemic factor

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Milestone	1.2.1 All staff trained in use of risk/safety assessment	Timeframe	October 2004	Assigned to	Child Welfare Services (CWS) Program Manager responsible for ER and intake staff
	1.2.2 Referrals that are evaluated out are monitored by Program Managers		Begun in March 2004, ongoing		CWS Program Managers
	1.2.3 Risk assessments are monitored		Begun in March 2004, ongoing		CWS Program Managers
Strategy 1.3 Establish joint case conferencing with AODP for consistent oversight and follow-up of CWS court cases where there is alcohol and other drug treatment			Strategy Rationale Drugs and alcohol are a major factor in many CWS cases. Better monitoring of treatment compliance will improve assessments of safety/risk for families working toward reunification.		
Milestone	1.2.1 Initiate case conferencing for all court cases with substance abuse treatment six weeks prior to the court report	Timeframe	September 2004, ongoing	Assigned to	Family Resource Center (FRC) supervisors, case-carrying Social Workers
Improvement Goal 2.0 Improve support system and develop comprehensive services for families identified as high risk for recurrence of abuse/neglect					
Strategy 2.1 Expansion of the Linkages/Family Connections program to Ukiah and Fort Bragg			Strategy Rationale The Linkages/Family Connections pilot project in Willits provides seamless coordination of services between multiple service providers (MCDSS, Public Health, AODP, Mental Health) and community services and coordinated case planning for those families with cases both in CalWORKs and CWS. This helps family to more readily and effectively utilize services and supports.		
Milestone	2.1.1 Expansion of Linkages/Family Connections to the Ukiah FRC	Timeframe	March 2005	Assigned to	MCDSS Director, CWS Deputy Director
	2.1.2 Expansion of Linkages/Family Connections to Safe Passage FRC in Fort Bragg		September 2005		MCDSS Director, CWS Deputy Director

Improvement Goal 3.0 Improve consistency in risk and safety assessments						
Strategy 3.1 Case review of all recurrence cases			Strategy Rationale Ensure that risk and safety assessments are following established protocols and decisions and actions are consistent among staff as well as to develop additional data in evaluation of potential causes for recurrence			
Milestone	3.1.1	Identify case information to be evaluated	Timeframe	September/October 2004	Assigned to	CWS Deputy Director, Program Managers
	3.1.2	Identify outside case reader for review		Completed September 2004		CWS Deputy Director
	3.1.3	Begin case reviews		Begin October 2004, ongoing		Contracted case reviewer with oversight by CWS Deputy Director
Discuss changes in identified systemic factors needed to further support the improvement goals.						
The following systemic factors will incur changes as a result of the strategies outlined above: <ul style="list-style-type: none">• <i>Quality Assurance:</i> Quality assurance efforts will be expanded and formalized.• <i>Staff Training:</i> Staff will receive training on new or revised protocols and procedures.• <i>Collaboration:</i> Collaborative efforts between CWS and other public and community organizations will be enhanced, specifically with the expansion of Family Connections to Ukiah and Fort Bragg.						
Describe educational/training needs (including technical assistance) to achieve the improvement goals.						
Staff will continue training on risk and safety assessments and new ER procedures.						
Identify roles of the other partners in achieving the improvement goals.						
Other partners that will play a role in achieving the improvement goals above include: <ul style="list-style-type: none">• <i>AODP</i> – providing staff time for case-conferencing for court cases where they are providing substance abuse treatment.• <i>Public Health, AODP, Mental Health, Redwood Coast Regional Center, and the Mendocino County Office of Education</i> – providing staff time for case conferencing and service coordination for expansion of Family Connections to Ukiah and Fort Bragg• <i>FRCs</i> – existing FRCs in continuing to work with MCDSS to provide the family empowerment program to outlying and minority						

communities and Native American tribes and other outlying communities in identifying potential new FRCs.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None

Outcome/Systemic Factor: Timely Social Worker Visits With Child (Outcome 2C): This is a process measure designed to determine if Social Workers are seeing the children on a monthly basis when that is required.					
County's Current Performance: For the most recent period reported (December 2003), Mendocino County's rate of compliance for Outcome 2C was 72.3%, compared to 86.8% for the State of California.					
Improvement Goal 1.0 Improvement of Social Worker visits to children placed out-of-county					
Strategy 1. 1 Establishment of a centralized/specialized placement unit			Strategy Rationale³ A centralized/specialized placement unit will provide better review and monitoring of cases where children are placed out of county. These cases are the ones that are, generally, the most difficult to ensure that children receive the required monthly visits.		
Milestone	1.1.1 Reorganize placement functions	Timeframe	Completed August 2004	Assigned to	CWS Deputy Director
Improvement Goal 2.0 Improve monitoring and accountability for monthly Social Worker visits					
Strategy 2.1 Monthly monitoring reports on Social Worker visits to be provided to Social Worker Supervisors			Strategy Rationale Social Worker Supervisors will be better able to monitor the work of Social Workers and to identify problem areas and facilitate corrective actions more quickly.		

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Milestone	2.1.1 Provide monthly reports to Social Worker Supervisors	Timeframe	Completed August 2004, ongoing	Assigned to	CWS/CMS Program Specialist
Strategy 2.2 Develop performance standards for Social Workers and Social Worker Supervisors and include in Social Worker and Social Worker Supervisor performance evaluations			Strategy Rationale Institutionalizing the outcome measure for Social Worker visits by making it part of performance standards that are included in performance evaluations will help to ensure that improvements achieved by Strategy 2.1 will be maintained over time.		
Milestone	2.2.1 Develop performance standards for inclusion in performance evaluations	Timeframe	December 2004	Assigned to	CWS Deputy Director, CWS Program Managers, CWS Social Worker Supervisors and Case Carrying Social Workers
	2.2.2 Institute use of performance standards in performance evaluations		March 2005, ongoing		CWS Social Worker Supervisors
Discuss changes in identified systemic factors needed to further support the improvement goals. The following systemic factors will incur changes as a result of the strategies outlined above: <ul style="list-style-type: none"> • <i>Quality Assurance:</i> Quality assurance efforts will be expanded and formalized. 					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. None					
Identify roles of the other partners in achieving the improvement goals. None					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None					

Outcome/Systemic Factor:

Foster Care Placement in Least Restrictive Settings (Outcome 4B): This measure reflects the percent of children placed in each type of foster care setting.

County's Current Performance: For the most recent point in time reported (April 1, 2004), Mendocino County had a smaller percentage of foster care children placed with kin (25.5%) than the State of California (34.1%) and a slightly higher percentage of foster care children placed in group homes: 10.2%, compared to 8.7% for the State of California.

Improvement Goal 1.0 Increase the number of available foster homes in Mendocino County

Strategy 1.1 Recruitment and support for Native American foster homes

Strategy Rationale⁴ In Mendocino County, there is a lack of Native American foster care homes. Increased effort to recruit and retain Native American foster care homes will increase the availability of this resource.

Milestone	1.1.1 Contact Native American tribes to determine which tribes have interest in establishing foster homes	Timeframe	October/November 2004	Assigned to	CWS Deputy Director, Foster Care Program Specialists
	1.1.2 For those tribes interested in establishing foster homes in their communities, work with tribes to determine methods of recruitment and support needs		December 2004 to June 2005		Foster Care Program Specialists

Strategy 1.2 Dedicated staff for recruitment/support/training for foster homes

Strategy Rationale For foster families licensed by MCDSS, there is no comprehensive system of training and resources for all caregivers. Dedicated staff would help to develop a comprehensive training system and serve as a resource and support for caregivers.

⁴ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Milestone	1.2.1 Hire two Foster Care Program Specialists	Timeframe	Completed June 2004	Assigned to	CWS Deputy Director
Strategy 1.3 Continue to support local FFA's ongoing expansion of intensive treatment foster homes			Strategy Rationale Children with severe behavioral mental health needs can be maintained in lower level of care within their community.		
Milestone	1.3.1 Hire two Foster Care Program Specialists	Timeframe	Completed June 2004	Assigned to	CWS Deputy Director
Improvement Goal 2.0 Increase ability to keep cases requiring high-level placement in-county.					
Strategy 2.1 Collaborative efforts with foster family agencies to increase in-county high level placement resources			Strategy Rationale Only one of the eight group homes in the County provides high level (Level 12-14) placement. Placing children out of county makes it more difficult to work with the case and makes it less likely that the child involved can be brought back to the County at a lower level of placement.		
Milestone	2.1.1 Work with interested foster family agencies to open high level placement group homes in Mendocino County	Timeframe	September 2004 to August 2005	Assigned to	MCDSS Director, CWS Deputy Director
Strategy 2.2 Case conference review for permanent placement cases in the centralized/specialized placement unit			Strategy Rationale Cases where children in high level placement are regularly reviewed to determine what it would take to bring the child back to the County.		

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Milestone	2.2.1 Establish case conference review in centralized/specialized placement unit for permanent placement cases	Timeframe	Completed July 2004	Assigned to	CWS Program Manager responsible for centralized/specialized placement unit, Centralized/Specialized Placement Unit Supervisor
Strategy 2.3 Expand wraparound program to serve children at risk of level 10 – 11 group homes.			Strategy Rationale Children can remain in county in lower level of care with increase opportunity to transition to foster homes or reunite with their family.		
Milestone	2.3 Develop structure and establish processes for level 10 – 11 wraparound program	Timeframe	Completed August 2004, ongoing	Assigned to	CWS Deputy Director, MCDSS Assistant Director, CWS Program Manager responsible for centralized/specialized placement unit
<p>Discuss changes in identified systemic factors needed to further support the improvement goals.</p> <p>The following systemic factors will incur changes as a result of the strategies outlined above:</p> <ul style="list-style-type: none"> • <i>Case Review System:</i> The case review system will be enhanced by adding a review by the centralized/specialized placement unit for out-of-county permanent placements. • <i>Foster/Adoptive Parent Licensing, Recruitment and Retention:</i> Recruitment for minority foster homes (particularly Native American) will be improved. Retention of foster homes will be improved by adding staff resources to support caregivers. • <i>Staff/Provider Training:</i> Staff will be added to improve training to foster caregivers. • <i>Collaboration:</i> Collaborative efforts between CWS and Native American tribes will be improved to enable collaborative efforts for recruitment of foster care homes. CWS will work collaboratively with foster family agencies to increase the available high level placement resources in Mendocino County. 					
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>None</p>					
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>Other partners that will play a role in achieving the improvement goals above include:</p> <ul style="list-style-type: none"> • <i>Native American tribes</i> – working collaboratively with CWS to identify appropriate methods for recruitment and support of Native American foster care homes • <i>Foster Family Agencies</i>– establishing high level group homes in Mendocino County 					

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None